



300428

<b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>				<b>I. IDENTIFICATION</b> 01 STATE 02 SITE NUMBER IN 000715078	
<b>II. SITE NAME AND LOCATION</b>					
01 SITE NAME (Legal, common, or descriptive name of site) General American Transport Corporation Plant #1			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 4520 Euclid Avenue		
03 CITY East Chicago		04 STATE IN	05 ZIP CODE 46312	06 COUNTY Lake	07 COUNTY CODE 89
09 COORDINATES LATITUDE 41° 38' 00" _		LONGITUDE 87° 27' 30" _			
10 DIRECTIONS TO SITE (Starting from nearest public road) I-94 to Kennedy Avenue north to Chicago Avenue. Chicago Avenue east to Euclid. GATC on northwest corner of Chicago Avenue and Euclid Avenue.					
<b>III. RESPONSIBLE PARTIES</b>					
01 OWNER (If known) General American Transport Corporation			02 STREET (Business, mailing, residential) 120 S. Riverside Plaza		
03 CITY Chicago		04 STATE IL	05 ZIP CODE 60606	06 TELEPHONE NUMBER ( )	
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE					
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES    DATE <u>05/11/89</u> MONTH DAY YEAR <input type="checkbox"/> NO			BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____		
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR    ENDING YEAR _____ <u>05-21-84</u> <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED  None.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  None.					
<b>V. PRIORITY ASSESSMENT</b>					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
<b>VI. INFORMATION AVAILABLE FROM</b>					
01 CONTACT Harry E. Atkinson <i>see for H&amp;E 4/27</i>		02 OF (Agency/Organization) IDEM OSHWM		03 TELEPHONE NUMBER '317' 232-8928	
04 PERSON RESPONSIBLE FOR ASSESSMENT Bruce A. Oertel <i>SHO</i>		05 AGENCY IDEM	06 ORGANIZATION OSHW	07 TELEPHONE NUMBER '317' 232-7130	08 DATE 05/16/89 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IN 000715078

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

Groundwater is not utilized as a source of municipal water supply.

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

Site is located in close proximity to Indiana Harbor Waterway. Site is also located less than one (<1) mile of Lake Michigan.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

An asbestos removal was performed as part of a RCRA closure.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None observed.

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

Site is fenced around perimeter.

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

Paint overspray of soil was removed during RCRA clean-up.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

N/A: See A above.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None observed.

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None observed.



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

None observed.

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION (Include name(s) of species)

None observed.

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

None observed.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
(Spills/runoff/standing liquids/leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None observed.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

None observed.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

None observed.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

None observed.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None observed.

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

RCRA closure included sampling of paint overspray and soils in a number of areas around the facility. Results indicated one (1) lead contaminated area. This area was remediated and clean closed.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Mr. Miguel Antonetti, General American Transport representative.  
IDEM files.